

## **What is NCQA?**

NCQA, the National Committee for Quality Assurance, is a private, not-for-profit organization dedicated to improving health care quality. NCQA develops quality standards and performance measures for a broad range of health care entities. It began accrediting health plans in 1991.

NCQA accredits carriers by putting them through a comprehensive review of more than 60 standards. In addition to going through the triennial onsite reviews, carriers must report annually on their performance.

NCQA also develops statistics tracking the quality of care delivered by the nation's health plans. Every year for the past five years, these numbers have improved. NCQA claims these improvements in quality care translate into lives saved, illnesses avoided and costs reduced.

## **Why use NCQA's standards?**

Health plans in every state, the District of Columbia and Puerto Rico are NCQA accredited. These plans cover 107 million Americans or approximately 70% of all Americans enrolled in health plans.

NCQA is governed by, and works with, representatives of large employers, policymakers, doctors, patients and health plans to decide what's important, how to measure it, and how to promote improvement. As part of its development process, NCQA puts proposed standards and quality performance measures out for public comment, allowing for input from all stakeholders before NCQA finalizes these standards and quality performance measures.

NCQA accreditation is also aligned with eValu8, a system for evaluating carriers used in many large self-insured plans.

## **NCQA accreditation process**

3-step process:

1. Carriers complete the Interactive Survey System (ISS) online. The ISS system provides feedback for plans performing readiness evaluations for NCQA review.
2. 2-day, on-site review by trained NCQA reviewers. Reviewers are physicians, nurses, etc. The comprehensive, rigorous on-site review includes interviews with carrier staff, file review, and document review.
3. NCQA's Review Oversight Committee, a national panel of physicians, analyzes the survey team's findings to determine accreditation status (Excellent, Commendable, Accredited, Provisional).

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### **Has the Maine Bureau of Insurance used NCQA's standards before?**

- The Bureau of Insurance has actively worked with NCQA for over 10 years. The Inter-Agency Committee on HMO Quality designed its data collection tool with the aid of an NCQA reviewer, and has coordinated its reviews of HMOs with NCQA's triennial reviews to minimize duplication of time and resources. Once the State team receives a copy of the HMO's NCQA accreditation report, it uses the NCQA findings to credit the HMO for compliance with any State standards that are equivalent to the NCQA standards. Then the State team returns to the HMO to assess its compliance with State-specific standards not covered by NCQA.

The Bureau of Insurance has participated on NCQA's Public Sector Advisory Committee since 2005.

### **Do other states use NCQA standards?**

37 states (including Maine) use or recognize NCQA accreditation for their commercial market carriers, including:

- Pennsylvania, Texas: NCQA review is required for all commercial carriers.
- Florida, Hawaii, Kansas, West Virginia: Accreditation is required for carriers serving the commercial market.
- Maryland, New Mexico: Carriers may submit accreditation reports to demonstrate compliance with state requirements.
- Colorado, Illinois, Virginia: Private accreditation may be considered as evidence of meeting some of the state requirements for HMOs, including network adequacy/access to care.